

PIF 5/26/15



Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services

Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-5672
Fax: (207) 287-4172; TTY: 1-800-606-0215

SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

GENERAL INFORMATION Town of AUGUSTA

Property Owner's Name: RITA BILODEAU Tel. No.: 2075921633

System's Location: 21 HASKELL RD., AUGUSTA, ME. 04330

Property Owner's Address: 43 CARL WAY, SIDNEY, ME. Zip Code 04330

e-mail address: _____

The subsurface wastewater disposal system design for the subject property requires a replacement system variance first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires local approval local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)	SECTION OF RULE
1. <u>SIDE SLOPE FROM 4:1 TO 3:1</u>	<u>TABLE 8 A</u>
2. <u>SET BACK FROM GARAGE TO 7'</u>	<u>"</u>
3. <u>PRE 1995 FILL</u>	<u>SEC. 4 B-5</u>
SITE EVALUATOR <u>LIMITED SOILS TO 9"</u>	<u>TABLE 4 E</u>

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

ALL VARIANCES REQUIRED FOR SYSTEM

I, JOHN PHILBRICK, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

[Signature] SIGNATURE OF SITE EVALUATOR 5/20/15 DATE

PROPERTY OWNER

I, _____, am the owner agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

Rita Bilodeau SIGNATURE OF OWNER 5/26/15 DATE
 AGENT FOR THE OWNER

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all First Time System Variance requests prior to rendering a decision. I, Gary R. Fuller, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (does does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (do do not) approve the requested variance. I (will will not) issue a permit for the system's installation as proposed by the application.

Gary R. Fuller
LPI Signature

5/29/15
Date

LOCAL PLUMBING INSPECTOR - Referral to the Department

The local plumbing inspector shall review all First Time System Variance requests prior to forwarding to the Division of Environmental Health. I, _____, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (does does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (do do not) recommend the issuance of a permit for the system's installation as proposed by the application.

LPI Signature

Date

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and (does does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

SIGNATURE OF THE DEPARTMENT

DATE

- Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)
2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
TOTAL POINT ASSESSMENT:		

Minimum Points (Check One): Outside Shoreland Zone-50 Inside Shoreland Zone-65 Subdivision-65

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
 Div of Environmental Health, 11 SHS
 (207) 287-5672 Fax: (207) 287-4172

PROPERTY LOCATION

City, Town, or Plantation: AUGUSTA

Street or Road: 31 HASKALL STREET

Subdivision, Lot #: 1146/L3A

OWNER/APPLICANT INFORMATION

Name (last, first, MI): BILODEAU, RITA Owner Applicant

Mailing Address of: 43 CARI WAY

Owner/Applicant: SIONEY, ME, 04330

Daytime Tel. #:

>> CAUTION: LPI APPROVAL REQUIRED <<

AUGUSTA PERMIT #7059

Date Permit Issued: 5/20/15

TOWN COPY Fee: \$ 250.00

LPI # 1500

Mary R. Fulk

OWNER OR APPLICANT STATEMENT

I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.

Rita Bilodeau 5/20/15

Signature of Owner or Applicant Date

PERMIT INSPECTOR STATEMENT

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

Mary R. Fulk 6/5/15

Local Plumbing Inspector Signature (1st) date approved (2nd) date approved

PERMIT INFORMATION

<p>TYPE OF APPLICATION</p> <p><input type="checkbox"/> 1. First Time System</p> <p><input checked="" type="checkbox"/> 2. Replacement System</p> <p>Type replaced: <u>?</u></p> <p>Year installed: <u>?</u></p> <p><input type="checkbox"/> 3. Expanded System</p> <p><input type="checkbox"/> a. <25% Expansion</p> <p><input type="checkbox"/> b. >25% Expansion</p> <p><input type="checkbox"/> 4. Experimental System</p> <p><input type="checkbox"/> 5. Seasonal Conversion</p>	<p>THIS APPLICATION REQUIRES</p> <p><input type="checkbox"/> 1. No Rule Variance</p> <p><input type="checkbox"/> 2. First Time System Variance</p> <p><input type="checkbox"/> a. Local Plumbing Inspector Approval</p> <p><input type="checkbox"/> b. State & Local Plumbing Inspector Approval</p> <p><input checked="" type="checkbox"/> 3. Replacement System Variance</p> <p><input type="checkbox"/> a. Local Plumbing Inspector Approval</p> <p><input type="checkbox"/> b. State & Local Plumbing Inspector Approval</p> <p><input type="checkbox"/> 4. Minimum Lot Size Variance</p> <p><input type="checkbox"/> 5. Seasonal Conversion Permit</p>	<p>DISPOSAL SYSTEM COMPONENTS</p> <p><input type="checkbox"/> 1. Complete Non-engineered System</p> <p><input type="checkbox"/> 2. Primitive System (graywater & att. toilet)</p> <p><input type="checkbox"/> 3. Alternative Toilet, specify: _____</p> <p><input type="checkbox"/> 4. Non-engineered Treatment Tank (only)</p> <p><input type="checkbox"/> 5. Holding Tank, _____ gallons</p> <p><input type="checkbox"/> 6. Non-engineered Disposal Field (only)</p> <p><input type="checkbox"/> 7. Separated Laundry System</p> <p><input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more)</p> <p><input type="checkbox"/> 9. Engineered Treatment Tank (only)</p> <p><input type="checkbox"/> 10. Engineered Disposal Field (only)</p> <p><input type="checkbox"/> 11. Pre-treatment, specify: _____</p> <p><input type="checkbox"/> 12. Miscellaneous Components</p>
<p>SIZE OF PROPERTY</p> <p><u>1/3</u> <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES</p>	<p>DISPOSAL SYSTEM TO SERVE</p> <p><input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u></p> <p><input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____</p> <p><input type="checkbox"/> 3. Other: _____ (specify)</p> <p>Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped</p>	<p>TYPE OF WATER SUPPLY</p> <p><input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private</p> <p><input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other</p>
<p>SHORELAND ZONING</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p><input checked="" type="checkbox"/> Concrete</p> <p><input type="checkbox"/> a. Regular</p> <p><input type="checkbox"/> b. Low Profile</p> <p><input type="checkbox"/> 2. Plastic</p> <p><input type="checkbox"/> 3. Other: _____</p> <p>CAPACITY: <u>1,000</u> GAL.</p>	<p>DISPOSAL FIELD TYPE & SIZE</p> <p><input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench</p> <p><input checked="" type="checkbox"/> 3. Proprietary Device</p> <p><input type="checkbox"/> a. cluster array <input checked="" type="checkbox"/> c. Linear</p> <p><input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load</p> <p><input type="checkbox"/> 4. Other: _____</p> <p>SIZE: <u>228</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.</p>	<p>GARBAGE DISPOSAL UNIT</p> <p><input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input checked="" type="checkbox"/> 3. Maybe</p> <p>If Yes or Maybe, specify one below:</p> <p><input type="checkbox"/> a. multi-compartment tank</p> <p><input type="checkbox"/> b. _____ tanks in series</p> <p><input type="checkbox"/> c. increase in tank capacity</p> <p><input checked="" type="checkbox"/> d. Filter on Tank Outlet</p>	<p>DESIGN FLOW</p> <p><u>270</u> gallons per day</p> <p>BASED ON:</p> <p><input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s))</p> <p><input type="checkbox"/> 2. Table 4C (other facilities)</p> <p>SHOW CALCULATIONS for other facilities</p>
<p>SOIL DATA & DESIGN CLASS</p> <p>PROFILE CONDITION: <u>7.1.0</u></p> <p>at Observation Hole # <u>1</u></p> <p>Depth <u>9</u></p> <p>of Most Limiting Soil Factor</p>	<p>DISPOSAL FIELD SIZING</p> <p><input type="checkbox"/> 1. Medium—2.6 sq. ft. / gpd</p> <p><input checked="" type="checkbox"/> 2. Medium—Large 3.3 sq. ft. / gpd</p> <p><input type="checkbox"/> 3. Large—4.1 sq. ft. / gpd</p> <p><input type="checkbox"/> 4. Extra Large—5.0 sq. ft. / gpd</p>	<p>EFFLUENT/EJECTOR PUMP</p> <p><input type="checkbox"/> 1. Not Required</p> <p><input type="checkbox"/> 2. May Be Required</p> <p><input checked="" type="checkbox"/> 3. Required</p> <p>Specify only for engineered systems:</p> <p>DOSE: _____ gallons</p>	<p><input type="checkbox"/> 3. Section 4G (meter readings)</p> <p>ATTACH WATER METER DATA</p>
			<p>LATITUDE AND LONGITUDE</p> <p>at center of disposal area</p> <p>Lat. <u>44</u> d <u>1852</u> m <u>498</u> s</p> <p>Lon. <u>69</u> d <u>4516</u> m <u>282</u> s</p> <p>if g.p.s., state margin of error: <u>10'</u></p>

SITE EVALUATOR STATEMENT

I certify that on 5/19/15 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

John Philbrick 256 5/20/15

Site Evaluator Signature SE # Date

JOHN PHILBRICK 547-3732

Site Evaluator Name Printed Telephone Number

E-mail Address

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Division of Environmental Health
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

AUGUSTA

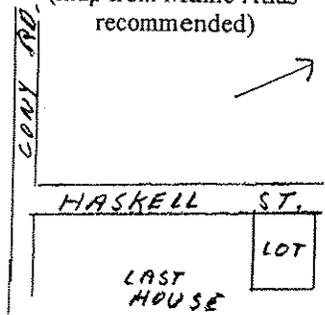
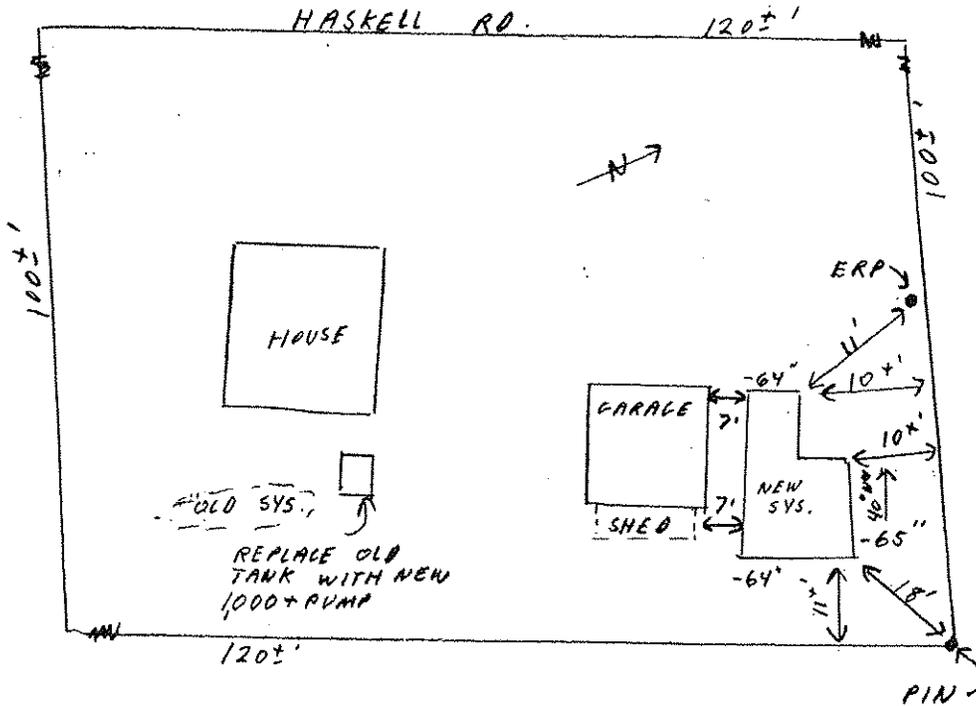
21 HASKELL ST

RITA BILODEAU

SITE PLAN

Scale 1" = 50 ft. or as shown

SITE LOCATION PLAN
(map from Maine Atlas recommended)



19-3'x4' ELGEN
GSF
B-43

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole 1 Test Pit Boring
0 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	MIXED SAND	FRIABLE	TAN	NONE
10	CLAY			FAINT
20	CLAY			
30	VERY FINE SAND	FIRM	GRAY	COMMON DISTINCT
40				
50				

Soil Classification <u>7</u> <u>0</u>	Slope <u>0</u> %	Limiting Factor <u>9</u> "	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile Condition			

Observation Hole _____ Test Pit Boring
_____ " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification _____ Profile Condition	Slope _____%	Limiting Factor _____"	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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Site Evaluator Signature

SE #

Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services
 Division of Environmental Health
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

AUGUSTA

21 HASKELL ST

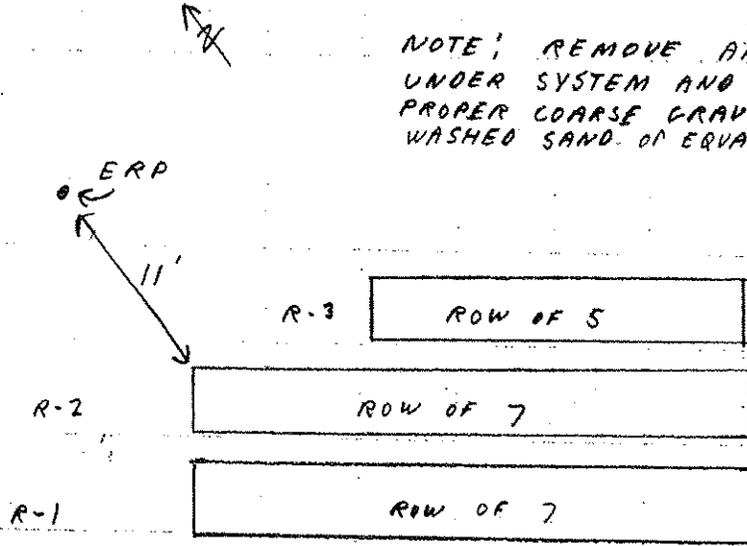
RITA BILODEAU

SUBSURFACE WASTEWATER DISPOSAL PLAN

0

SCALE: 1" = 30 FT.

NOTE: REMOVE ANY BAD FILL PLACED ON SITE UNDER SYSTEM AND FILL AREAS AND FILL WITH PROPER COARSE GRAVELY SAND + REQUIRED 6" WASHED SAND OF EQUAL UNDER FILTERS



SEE PAGE 4

FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Fill (Upslope) 23"

Finished Grade Elevation

-42"

Location & Description: *ERP 15 IN 18" PINE, 11' NORTH OF SYS. 60"*

Depth of Fill (Downslope) 24"

Top of Distribution Pipe or Proprietary Device

-54"

Reference Elevation: *ABOVE GROUND*

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = 3 ft.

Vertical 1" = 1 ft.

SEE PAGE 4

Site Evaluator Signature

256

SE #

5/20/15

Date

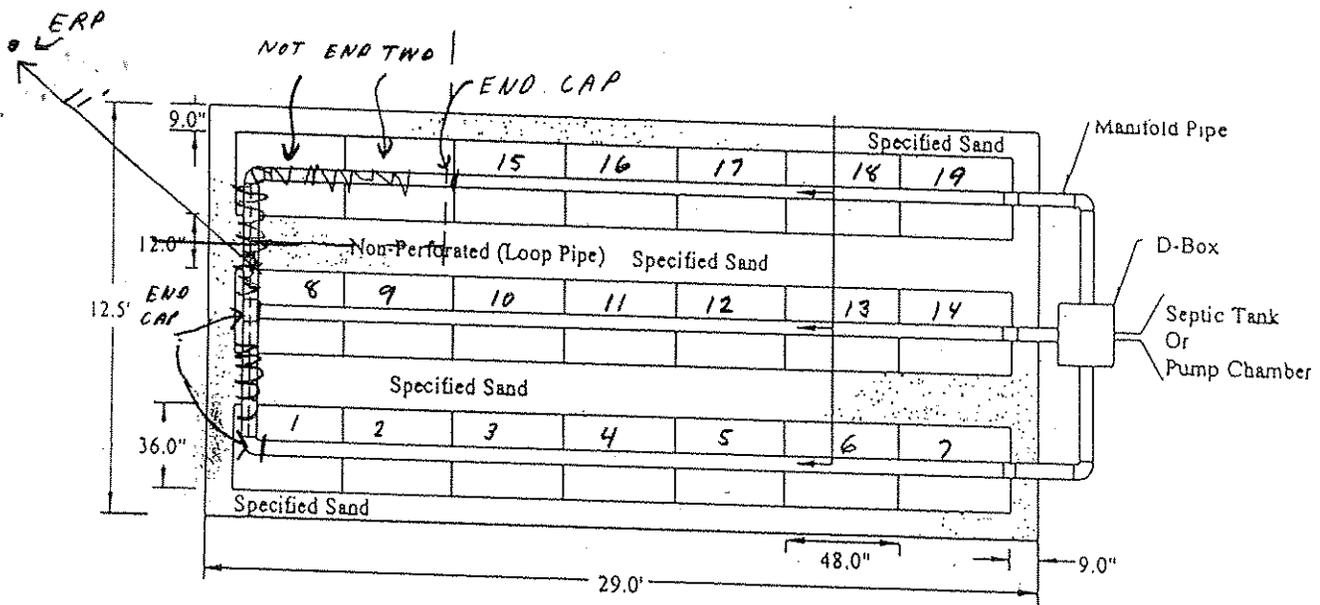


FIGURE 7
BED CONFIGURATION ON A LEVEL SITE -- PLAN VIEW

GSF Bed configurations with non-perforated pipe connecting all rows, looped ends are not used in serial loaded bed systems.

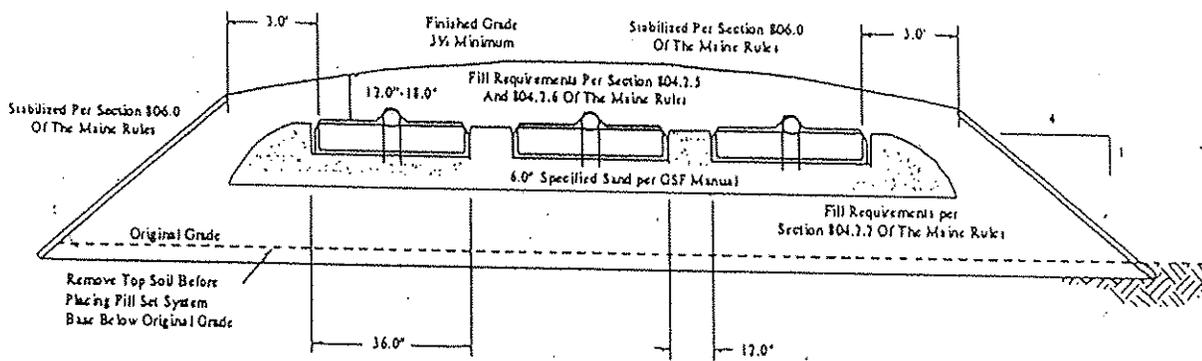


FIGURE 10
RAISED BED CONFIGURATION